

MONTANA ATHLETIC PROGRAM

301 So Park Ave, 4th Floor
PO Box 200513
Helena MT 59620-0513
Phone: 406-841-2334 Fax: 406-841-2309
E-MAIL: dlibsath@mt.gov
WEBSITE: <http://www.athleticboard.mt.gov>

APPLICATION PROCEDURES FOR:

CONTESTANT

1. Professional Boxer
2. Semi-Professional Boxer
3. Professional Wrestler
4. Semi-Professional Wrestler
5. Kick Boxer
6. Mixed Martial Arts Contestant

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the Program receives your complete routine application)

GENERAL LICENSURE INFORMATION

- APPLICATION:** Submit a completed application before or on the date of the athletic event. A notarized signature is required on applications mailed to the Program office.
- FEE:** \$45 fee payable to the Montana Athletic Program. Submit fee along with application. All fees are non-refundable.
- RENEWAL:** All licenses expire on June 30 of each year and do not renew.
- PHOTO:** Must submit a full-face photograph of head and shoulders.
- LAWS & RULES:** Licensees are required to know and adhere to the laws and rules pertaining to the Montana Athletic Program. Current statutes and rules are on the Program's website at: <http://www.athleticboard.mt.gov>.

LICENSE REQUIREMENTS FOR A PROFESSIONAL BOXER

1. Must be 18–35 years of age.

LICENSE REQUIREMENTS FOR A SEMI-PROFESSIONAL BOXER

1. Must be 18 years of age or older.
2. No professional boxing background is allowed.

LICENSE REQUIREMENTS FOR A PROFESSIONAL OR SEMI-PROFESSIONAL WRESTLER

1. Must be 18-55 years of age.

LICENSE REQUIREMENTS FOR A KICKBOXER

1. All general licensing requirements, where applicable, apply to kickboxing

LICENSE REQUIREMENTS FOR A MIXED MARTIAL ARTS (MMA) CONTESTANT

1. All general licensing requirements, where applicable, apply to MMA.
2. Must be 18–35 years of age.

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**CURRENT
PICTURE
REQUIRED**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the Program receives your complete routine application)

APPLICATION FOR:
CONTESTANT
Contestant Application - Page 1 of 3

Fee: \$45

(Check one of the following)

- | | | |
|--|--|--|
| <input type="checkbox"/> Professional Boxer | <input type="checkbox"/> Semi-Professional Boxer | <input type="checkbox"/> Semi-Professional Wrestler |
| <input type="checkbox"/> Professional Wrestler | <input type="checkbox"/> Kick boxer | <input type="checkbox"/> Mixed Martial Arts Contestant |

Social Security Number _____

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____ Foreign ID Number _____

E-mail Address _____

Please indicate you preferred mailing address

- ____ Home
____ Business

Residential Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business (Present Employer) Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

Contestant Application - Page 2 of 3

All applicants must answer the following questions.

If you answer "yes", provide a detailed explanation on a separate sheet of paper.

	YES	NO
1. Do you intend to practice in the State of Montana?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever previously applied for a license to practice in Montana? If yes, give date, and results.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever withdrawn an application for licensure? If yes, please give the state and reasons for withdrawal.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16 th birthday. If yes, attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you currently hold any professional or occupational license in Montana or another state? If yes, provide the following information:	<input type="checkbox"/>	<input type="checkbox"/>

Contestant Application - Page 3 of 3

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history, and competence to practice, by anyone who might possess such information, to the Montana Athletics Program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of license on ethical grounds. I have read and am familiar with the applicable laws of the State of Montana and instructions to applicants for licensure. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana license is issued to me, I agree to conduct myself in accordance with the laws and rules of Montana and the laws and rules regulating Montana Athletics Program.

Legal Signature of Applicant

Date

State of _____
(County) of _____

Signed and sworn to (or affirmed) before me on _____ by _____
Month Day Year
(name(s) of person(s) making statement)_____

SEAL

(Signature of notarial officer)

Title (and Rank)

Residing at

My commission expires _____

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REPORT OF PHYSICAL EXAMINATION
(This page to be filled out by contestant)
Page 1 of 4

NAME OF CONTESTANT _____ RING NAME _____

ADDRESS _____
Street or PO Box City/State Zip

PHONE NO _____

DATE OF BIRTH _____

HISTORY: Have you ever had any of the following?	Yes	No
Bleeding tendencies	_____	_____
Nosebleeds	_____	_____
Abnormally easy bruising or delayed clotting	_____	_____
Eyes-blurred vision, double vision	_____	_____
Eyes-tunnel vision, "blacking our whiting" out	_____	_____
Chronic or consistent headaches	_____	_____
Surgeries (recent and past)	_____	_____
Recovering from any recent illness or infection	_____	_____
Neck sprains or strains	_____	_____
Seizures or convulsions	_____	_____
Epilepsy	_____	_____
Diabetes	_____	_____
Asthma or difficulty breathing	_____	_____
Hernia	_____	_____
High blood pressure	_____	_____
Heart disease or condition	_____	_____
Persistent cough	_____	_____
Tuberculosis	_____	_____
Sickle cell disease	_____	_____
Kidney disease	_____	_____
Kidney, lung, testicle or eye removed	_____	_____
Mononucleosis	_____	_____
Hepatitis	_____	_____
Any body deformity that would promote injury	_____	_____
Any musculoskeletal abnormality that would promote injury	_____	_____
Open wounds on skin with oozing discharge	_____	_____
Do you wear contact lenses	_____	_____

REPORT OF PHYSICAL EXAMINATION

(To be filled out by contestant)

Page 2 of 4

(If you answered "yes" to any of the "Medical History questions above, please give an explanation below.

How many (KO) knockouts have you received _____

Date of your last knockout _____

Longest duration of unconsciousness _____

Length of time before resuming boxing after last knockout _____

Have you ever been knocked unconscious in other sports or in any other way _____

If yes, explain _____

I hereby declare under penalty of perjury, that the foregoing history is true and correct; further, I realize that any misrepresentation in said history may result in disciplinary action.

Signature of Contestant

Date

REPORT OF PHYSICAL EXAMINATION
(This page to be filled out by physician)
Page 3 of 4

Name of Contestant _____

General Appearance

Height _____

Weight _____

Temperature _____

Disabling Scars _____

Ears _____

Mouth _____

Teeth _____

Tonsils _____

Neck _____

Nose _____

Pulse

Pulse at rest _____

Pulse after 100 hops _____

Pulse two (2) minutes later _____

Blood pressure at rest _____

Blood pressure after 100 hops _____

Blood pressure two(2) minutes later _____

Eyes

Vision without glasses

Right _____ / _____ Left _____ / _____

Pupils equal

Yes ____ No ____

Glands

Enlarged

Yes ____ No ____

Goiter

Yes ____ No ____

Heart

Pulse rhythm

Regular ____ Irregular ____

Apical impulse

Heavy ____ Normal ____

Enlargement

Yes ____ No ____

Murmurs

Yes ____ No ____

Lungs

Rales

Yes ____ No ____

Breasts

Mass

Yes ____ No ____

Tenderness

Yes ____ No ____

Discharge

Yes ____ No ____

Abdomen

Enlargement of liver

Yes ____ No ____

Enlargement of Spleen

Yes ____ No ____

Genitalia

Discharge

Yes ____ No ____

Varicocele

Yes ____ No ____

Reflexes

Pupils _____

Knee jerks _____

Romberg _____

Babinski _____

REPORT OF PHYSICAL EXAMINATION
(This page to be filled out by physician)
Page 4 of 4

Hands

Evidence of recent injury, fracture, swelling, or other _____

Serology

HIV - the original lab report must be submitted with this report

Comments

I have examined the above named contestant.

I find the contestant's condition regarding participating as a professional boxer, wrestler, kick boxer, or mixed martial arts contestant as:

___ Satisfactory

___ Unsatisfactory

Physician's Name (print) _____

License Number _____

State or Jurisdiction where currently licensed and practicing _____

Physician's mailing address _____

City _____

State _____

Zip _____

Phone _____

Physician's Signature _____

Date _____

